

Montana Medicaid - Fee Schedule

Audiology

October 1, 2007

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable. Fees for drugs, radiopharmaceuticals, blood products, immune globins, vaccines, and toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee.

By Report (BR): Equals 46% of billed charges

Anes Value: Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$26.25.

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2008 is \$34.14.

***If a valid, current code is not present, that code may be a non-covered service**

Fees The facility rate is paid to physicians/practitioners providing services in the following sites: hospitals, emergency rooms, ambulatory surgery centers, IHS provider based and IHS 638 free standing facilities, skilled nursing and nursing facilities, hospice, ambulance, inpatient psychiatric and partial psychiatric hospitals, psychiatric residential treatment centers, comprehensive inpatient rehab facilities, birthing centers and military treatment facilities. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00. Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service. Vaccines covered by the Vaccines for Children (VFC) program are not reimbursable for individuals under 19. Please refer to the Medicaid Provider website for the list of VFC vaccines.

NOTE: Mid-level practitioners do not get 100% of the fee shown in all cases. Please refer to your provider manual for more information.

Global Days – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the global period is per the CPT-4 code description

ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

Space: Global concept does not apply to this code

PA – Prior Authorization

Y: Prior authorization is required

Space - this indicator does not apply to this code

Indicators

Mult - Multiple surgery guidelines do apply

Bilat - Bilateral. The procedure can be done bilaterally

Assist - Assistant. An assistant is allowed for this procedure

Co-Surg - Co-Surgery. A co-surgeon is allowed for this procedure

Team - A team of surgeons is allowed for this procedure

Related - The procedure code listed is separately billable

Y - indicator is applicable to this code

Space - this indicator does not apply to this code

Policy Adjust - M = Maternity, P = Mental Health, D = Profess. Differential, F = Family Planning

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Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators			Policy Adjust
					Office	Facility					Assist	CoSurg	Team	
L8690		AUD OSSEO DEV, INT/EXT COMP	1/1/2007	BY REPORT	\$0.00	\$0.00		Y						
L8691		AUD OSSEO DEV EXT SND PROCES	1/1/2007	BY REPORT	\$0.00	\$0.00		Y						
S9092		CANOLITH REPOSITIONING PER VISIT	7/1/2006	BY REPORT	\$0.00	\$0.00								
V5299	SF	HEARING SERVICE	10/1/2007	FEE SCHED	\$31.00	\$0.00		Y						
92541		SPONTANEOUS NYSTAGMUS TEST	10/1/2007	RBRVS	\$36.27	\$36.27								
92541	TC	SPONTANEOUS NYSTAGMUS TEST	10/1/2007	RBRVS	\$21.51	\$21.51								
92541	26	SPONTANEOUS NYSTAGMUS TEST	10/1/2007	RBRVS	\$14.73	\$14.73								
92542		POSITIONAL NYSTAGMUS TEST	10/1/2007	RBRVS	\$36.94	\$36.94								
92542	TC	POSITIONAL NYSTAGMUS TEST	10/1/2007	RBRVS	\$24.87	\$24.87								
92542	26	POSITIONAL NYSTAGMUS TEST	10/1/2007	RBRVS	\$12.06	\$12.06								
92543		CALORIC VESTIBULAR TEST	10/1/2007	RBRVS	\$17.12	\$17.12								
92543	TC	CALORIC VESTIBULAR TEST	10/1/2007	RBRVS	\$13.14	\$13.14								
92543	26	CALORIC VESTIBULAR TEST	10/1/2007	RBRVS	\$3.98	\$3.98								
92544		OPTOKINETIC NYSTAGMUS TEST	10/1/2007	RBRVS	\$29.48	\$29.48								
92544	TC	OPTOKINETIC NYSTAGMUS TEST	10/1/2007	RBRVS	\$20.09	\$20.09								
92544	26	OPTOKINETIC NYSTAGMUS TEST	10/1/2007	RBRVS	\$9.37	\$9.37								
92545		OSCILLATING TRACKING TEST	10/1/2007	RBRVS	\$26.99	\$26.99								
92545	TC	OSCILLATING TRACKING TEST	10/1/2007	RBRVS	\$18.43	\$18.43								
92545	26	OSCILLATING TRACKING TEST	10/1/2007	RBRVS	\$8.55	\$8.55								
92546		SINUSOIDAL ROTATIONAL TEST	10/1/2007	RBRVS	\$54.44	\$54.44								
92546	TC	SINUSOIDAL ROTATIONAL TEST	10/1/2007	RBRVS	\$43.98	\$43.98								
92546	26	SINUSOIDAL ROTATIONAL TEST	10/1/2007	RBRVS	\$10.45	\$10.45								
92547		SUPPLEMENTAL ELECTRICAL TEST	10/1/2007	RBRVS	\$3.64	\$3.64	ZZZ							
92548		POSTUROGRAPHY	10/1/2007	RBRVS	\$66.65	\$66.65								
92548	TC	POSTUROGRAPHY	10/1/2007	RBRVS	\$47.94	\$47.94								
92548	26	POSTUROGRAPHY	10/1/2007	RBRVS	\$18.71	\$18.71								
92551		PURE TONE HEARING TEST, AIR	10/1/2007	RBRVS	\$8.84	\$8.84								
92552		PURE TONE AUDIOMETRY, AIR	10/1/2007	RBRVS	\$12.24	\$12.24								
92553		AUDIOMETRY, AIR & BONE	10/1/2007	RBRVS	\$17.49	\$17.49								
92555		SPEECH THRESHOLD AUDIOMETRY	7/1/2006	RBRVS	\$10.08	\$10.08								
92556		SPEECH AUDIOMETRY, COMPLETE	10/1/2007	RBRVS	\$14.89	\$14.89								
92557		COMPREHENSIVE HEARING TEST	10/1/2007	RBRVS	\$31.91	\$31.91								
92559		GROUP AUDIOMETRIC TESTING	7/1/2006	BY REPORT	\$0.00	\$0.00								
92560		BEKESY AUDIOMETRY, SCREEN	7/1/2006	BY REPORT	\$0.00	\$0.00								
92561		BEKESY AUDIOMETRY, DIAGNOSIS	10/1/2007	RBRVS	\$18.45	\$18.45								
92562		LOUDNESS BALANCE TEST	10/1/2007	RBRVS	\$12.47	\$12.47								
92563		TONE DECAY HEARING TEST	10/1/2007	RBRVS	\$10.80	\$10.80								
92564		SISI HEARING TEST	10/1/2007	RBRVS	\$12.24	\$12.24								
92565		STENGER TEST, PURE TONE	10/1/2007	RBRVS	\$9.61	\$9.61								
92567		TYMPANOMETRY	10/1/2007	RBRVS	\$13.68	\$13.68								
92568		ACOUSTIC REFL THRESHOLD TST	10/1/2007	RBRVS	\$8.64	\$8.64								
92569		ACOUSTIC REFLEX DECAY TEST	10/1/2007	RBRVS	\$9.36	\$9.36								
92571		FILTERED SPEECH HEARING TEST	7/1/2006	RBRVS	\$10.31	\$10.31								
92572		STAGGERED SPONDAIC WORD TEST	10/1/2007	RBRVS	\$5.51	\$5.51								

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					Office	Facility					Assist	CoSurg	Team	
92575		SENSORINEURAL ACUITY TEST	10/1/2007	RBRVS	\$12.43	\$12.43								
92576		SYNTHETIC SENTENCE TEST	10/1/2007	RBRVS	\$12.49	\$12.49								
92577		STENGER TEST, SPEECH	10/1/2007	RBRVS	\$16.09	\$16.09								
92579		VISUAL AUDIOMETRY (VRA)	10/1/2007	RBRVS	\$19.67	\$19.67								
92582		CONDITIONING PLAY AUDIOMETRY	10/1/2007	RBRVS	\$21.08	\$21.08								
92583		SELECT PICTURE AUDIOMETRY	10/1/2007	RBRVS	\$22.07	\$22.07								
92584		ELECTROCOCHLEOGRAPHY	10/1/2007	RBRVS	\$56.39	\$56.39								
92585		AUDITOR EVOKE POTENT, COMPRE	10/1/2007	RBRVS	\$65.25	\$65.25								
92585	TC	AUDITOR EVOKE POTENT, COMPRE	10/1/2007	RBRVS	\$47.24	\$47.24								
92585	26	AUDITOR EVOKE POTENT, COMPRE	10/1/2007	RBRVS	\$18.00	\$18.00								
92586		AUDITOR EVOKE POTENT, LIMIT	10/1/2007	RBRVS	\$45.08	\$45.08								
92587		EVOKED AUDITORY TEST	10/1/2007	RBRVS	\$34.83	\$34.83								
92587	TC	EVOKED AUDITORY TEST	10/1/2007	RBRVS	\$29.76	\$29.76								
92587	26	EVOKED AUDITORY TEST	10/1/2007	RBRVS	\$5.09	\$5.09								
92588		EVOKED AUDITORY TEST	10/1/2007	RBRVS	\$47.91	\$47.91								
92588	TC	EVOKED AUDITORY TEST	10/1/2007	RBRVS	\$35.02	\$35.02								
92588	26	EVOKED AUDITORY TEST	10/1/2007	RBRVS	\$12.88	\$12.88								
92590		HEARING AID EXAM, ONE EAR	7/1/2003	BY REPORT	\$0.00	\$0.00								
92591		HEARING AID EXAM, BOTH EARS	7/1/2003	BY REPORT	\$0.00	\$0.00								
92592		HEARING AID CHECK, ONE EAR	7/1/2003	BY REPORT	\$0.00	\$0.00								
92593		HEARING AID CHECK, BOTH EARS	7/1/2003	BY REPORT	\$0.00	\$0.00								
92594		ELECTRO HEARNG AID TEST, ONE	7/1/2003	BY REPORT	\$0.00	\$0.00								
92595		ELECTRO HEARNG AID TST, BOTH	7/1/2003	BY REPORT	\$0.00	\$0.00								
92596		EAR PROTECTOR EVALUATION	10/1/2007	RBRVS	\$17.74	\$17.74								
92597		ORAL SPEECH DEVICE EVAL	10/1/2007	RBRVS	\$62.89	\$32.08								
92601		COCHLEAR IMPLT F/UP EXAM < 7	10/1/2007	RBRVS	\$93.48	\$93.48								
92602		REPROGRAM COCHLEAR IMPLT < 7	10/1/2007	RBRVS	\$64.33	\$64.33								
92603		COCHLEAR IMPLT F/UP EXAM 7 >	10/1/2007	RBRVS	\$59.07	\$59.07								
92604		REPROGRAM COCHLEAR IMPLT 7 >	10/1/2007	RBRVS	\$38.55	\$38.55								
92620		AUDITORY FUNCTION 60 MIN	10/1/2007	RBRVS	\$35.91	\$35.91								
92621		AUDITORY FUNCTION + 15 MIN	10/1/2007	RBRVS	\$9.15	\$9.15	ZZZ							
92625		TINNITUS ASSESSMENT	10/1/2007	RBRVS	\$35.39	\$35.39								
92626		EVAL AUD REHAB STATUS	10/1/2007	RBRVS	\$56.41	\$56.41								
92627		EVAL AUD STATUS REHAB ADD-ON	10/1/2007	RBRVS	\$14.04	\$14.04	ZZZ							
92630		AUD REHAB PRE-LING HEAR LOSS	1/1/2006	BY REPORT	\$0.00	\$0.00								
92633		AUD REHAB POSTLING HEAR LOSS	1/1/2006	BY REPORT	\$0.00	\$0.00								
92640		AUD BRAINSTEM IMPLT PROGRAMG	1/1/2007	RBRVS	\$36.62	\$36.62								
92700		ENT PROCEDURE/SERVICE	1/1/2003	BY REPORT	\$0.00	\$0.00								